County: Milwaukee
JACKSON CENTER NURSING HOME

1840 NORTH 6TH STREET
MILWAUKEE 53212

1010 NORTH OTH BIRLLI				
MI LWAUKEE 53212	Phone: (414) 263-1933		Ownershi p:	Non-Profit Corporation
<b>Operated from 1/1 To 12/31</b>	Days of Operation:	365	Highest Level License:	FDDs
Operate in Conjunction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Sta	affed (12/31/01):	107	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity	(12/31/01):	120	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31.	<b>/01</b> :	98	Average Daily Census:	101

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)   Length of Stay (12/31/01)							
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	14. 3		
Supp. Home Care-Personal Care	No					1 - 4 Years	22. 4		
Supp. Home Care-Household Services		Developmental Disabilities	100. 0	Under 65	88. 8	More Than 4 Years	63. 3		
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	6. 1				
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	5. 1		100. 0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	*******	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivale	nt		
Congregate Meals	No	Cancer	0. 0	ĺ	Í	Nursing Staff per 100 Re	esi dents		
Home Delivered Meals	No	Fractures	0. 0	İ	100.0	(12/31/01)			
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	11. 2				
Transportati on	No	Cerebrovascul ar	0. 0	<sup>'</sup>		RNs	2. 0		
Referral Service	No	Di abetes	0. 0	Sex	% j	LPNs	5. 2		
Other Services	No	Respi ratory	0. 0		Ì	Nursing Assistants,			
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	38.8	Aides, & Orderlies	43. 6		
Mentally Ill	No			Female	61. 2				
Provi de Day Programming for		j	100. 0	İ	j				
Developmentally Disabled	Yes				100. 0				
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19		Other Pri vate Pay		:	Family Care			Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				98	100.0	123	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	98	100. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		98	100.0		0	0.0		0	0.0		0	0.0		0	0.0		98	100.0

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi t	ions, Services,	and Activities as of 12	/31/01
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	57. 1	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	50. 0		45. 9	4. 1	98
Other Nursing Homes	0.0	Dressi ng	65. 3		30. 6	4. 1	98
Acute Care Hospitals	3. 6	Transferring	85. 7		10. 2	4. 1	98
Psych. HospMR/DD Facilities	10. 7	Toilet Use	77. 6		16. 3	6. 1	98
Rehabilitation Hospitals	0.0	Eati ng	89. 8		9. 2	1. 0	98
Other Locations	28. 6	**************	******	******	**********	********	*****
Total Number of Admissions	28	Conti nence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	1.0	Receiving R	espiratory Care	1. 0
Private Home/No Home Health	30.6	Occ/Freq. Incontinent	of Bladder	31.6	Recei vi ng T	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	24. 5	Receiving S	ucti oni ng	0. 0
Other Nursing Homes	11. 1				Recei vi ng 0		0. 0
Acute Care Hospitals	2.8	Mobility				ube Feeding	0.0
Psych. HospMR/DD Facilities	30. 6	Physically Restrained		1.0	Receiving M	echanically Altered Diets	s 19. 4
Rehabilitation Hospitals	0. 0						
Other Locations	22. 2	Skin Care			Other Residen	t Characteristics	
Deaths	2.8	With Pressure Sores		0.0	Have Advanc	e Directives	100. 0
Total Number of Discharges		With Rashes		1.0	Medi cati ons		
(Including Deaths)	36				Recei vi ng P	sychoactive Drugs	54. 1

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	Facility %	**************************************	Facilities % Ratio		Facilties % Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	83. 2	84. 6	0. 98	84. 6	0. 98	
Current Residents from In-County	99. 0	41. 3	2. 40	77. 0	1. 29	
Admissions from In-County, Still Residing	<b>50</b> . <b>0</b>	17. 0	2. 94	20. 8	2.40	
Admissions/Average Daily Census	27. 7	18. 6	1. 49	128. 9	0. 22	
Di scharges/Average Daily Census	35. 6	22. 2	1. 61	130. 0	0. 27	
Discharges To Private Residence/Average Daily Census	10. 9	9. 4	1. 16	52. 8	0. 21	
Residents Receiving Skilled Care	0. 0	0. 0	0.00	85. 3	0.00	
Residents Aged 65 and Older	11. 2	15. 8	0. 71	87. 5	0. 13	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	15. 3	50. 6	0. 30	49. 3	0. 31	
Psychological Problems	54. 1	46. 6	1. 16	51. 9	1. 04	
Nursing Care Required (Mean)*	2.7	11. 0	0. 24	7. 3	0. 37	